

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA**

UNITED STATES OF AMERICA

v.

SENTENCING MINUTES

ANDREW JON THOMASBERG

Case No. 1:19CR337

HONORABLE LIAM O'GRADY presiding
Proceeding Held: February 28, 2020
Deputy Clerk: Amanda

Time Called: 10:04 a.m.
Time Concluded: 10:43 a.m.
Court Reporter: S. Wallace

Appearances:

UNITED STATES OF AMERICA by:
ANDREW THOMASBERG in person and by:
INTERPRETER: None

Anthony Mariano, Ronald Walutes
Gretchen Taylor
☐ Interpreter Sworn

- | | |
|---|---|
| <input checked="" type="checkbox"/> The parties have no objections to the factual statements in the PSR | <input type="checkbox"/> The parties have no objections to the application of the guidelines in the PSR |
| <input type="checkbox"/> Objections/corrections to factual statements in PSR by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | <input checked="" type="checkbox"/> Objections/corrections to application of guidelines by <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant |

- | | |
|--|---|
| <input checked="" type="checkbox"/> The government presents sentencing argument: Recommends 18 months. | <input checked="" type="checkbox"/> The defendant presents sentencing argument: Requests time served. |
| <input checked="" type="checkbox"/> Defendant exercises right of allocution. | <input checked="" type="checkbox"/> The court imposes sentence. |
| <input type="checkbox"/> The government dismisses count(s) _____. | <input type="checkbox"/> Defendant advised of appeal rights. |

SENTENCING GUIDELINES:

Offense Level: 13
Criminal History: I
Imprisonment Range: 12-18 months
Supervised Release Range: 1-3 years
Fine Range: \$5,500.00 - \$55,000.00
Restitution: NA
SA: \$200.00

- Ms. Taylor presents argument on guideline calculation.
- Mr. Mariano responds. Ms. Taylor replies.
- Court does not modify PSR.

SENTENCE IMPOSED:

Imprisonment:

12	Months and 1 day as to	One	of the Information.
<u>12</u>	Count(s)	<u>Two</u>	
	Months and 1 day as to		of the Information.
	Count(s)		

Imprisonment term for each count to be served ☒ concurrently ☐ consecutively.

TOTAL TERM OF IMPRISONMENT IMPOSED: 12 months and 1 day with credit for time served.

Probation: _____ Years as to Count(s) _____ of the ____.

Supervised Release: Three Years as to Count(s) One of the Information.
 Three Years as to Count(s) Two of the Information.

MONETARY PENALTIES

Special Assessment: \$ 200.00 due immediately

Fine: \$ ☒ fine waived

Restitution: \$ NA ☐ determination deferred

JOINT AND SEVERAL PAYMENTS

☐ Fine and/or ☐ Restitution is **joint and several** with _____.

☐ Repayment of Buy Money is **joint and several** with _____.

FORFEITURE

☒ All property forfeited upon conviction or by order of the court shall be included in the criminal judgment.

RECOMMENDATIONS

☒ The court recommends the defendant's placement at a facility as close as NoVA as possible.

☐ The court recommends the defendant's participation in the Bureau of Prisons' 500-hour drug treatment program.

☐ Other: _____.

CUSTODY

☒ The defendant is remanded to the custody of the U.S. Marshal Service.

☐ The defendant is to voluntarily surrender at the institution designated by the Bureau of Prisons as notified by the U.S. Probation Office; ☐ on or after _____.

CONDITIONS OF SUPERVISED RELEASE/PROBATION

Special Conditions

- | | |
|--|--|
| <input checked="" type="checkbox"/> Drug Testing – Special Condition | <input type="checkbox"/> Home Confinement for _____ days |
| <input type="checkbox"/> Drug Testing – Standard Condition | <input type="checkbox"/> Home Confinement with Alcohol Testing for _____ days |
| <input type="checkbox"/> Drug Testing – Waived | <input type="checkbox"/> Community Correctional Center: _____ days |
| <input type="checkbox"/> Monthly Restitution Payment: \$ _____ | <input type="checkbox"/> Residential Re-Entry Center: _____ days |
| <input type="checkbox"/> Monthly Fine Payment: \$ _____ | <input type="checkbox"/> Cooperate with Bureau of Immigration/Customs |
| <input type="checkbox"/> Repay Buy Money – Total: \$ _____. | <input type="checkbox"/> Cooperate with IRS |
| <input type="checkbox"/> Repay Buy Money: \$ _____/month | <input type="checkbox"/> Cooperate with Child Support |
| <input type="checkbox"/> No New Lines of Credit | <input checked="" type="checkbox"/> Participate in mental health treatment program |
| <input type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Participate in sex offender assessment/treatment |
| <input type="checkbox"/> Submit to search by USPO | <input type="checkbox"/> Waive confidentiality – sex offender treatment |
| <input type="checkbox"/> No tavern employment or patronization | <input type="checkbox"/> No sexually-explicit materials w/minors |
| <input type="checkbox"/> No employment with fiduciary responsibilities | <input type="checkbox"/> No possession/viewing of pornography or erotica |
| <input type="checkbox"/> No gambling | <input type="checkbox"/> Obtain GED or HSED |
| <input type="checkbox"/> No transfer of assets in excess of \$500.00 | <input type="checkbox"/> No contact – unrelated children under 18 |
| <input checked="" type="checkbox"/> No possession/use of computer – on-line access | <input type="checkbox"/> No contact with victim(s) |
| <input type="checkbox"/> No possession/use of data encryption/erasure | <input type="checkbox"/> No contact with gang members |
| <input type="checkbox"/> Provide computer passwords and logons | <input type="checkbox"/> Perform community service: _____ hours |
| <input type="checkbox"/> Consent to computer searches | <input checked="" type="checkbox"/> No possession of weapons or parts of weapons |
| <input checked="" type="checkbox"/> No possession or use extremist material | |